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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_
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Office Use Only

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COVER LETTER

TO: New Filing So Division of C					
SUBJECT: BLISTE	RNET, LLC				
300000000000000000000000000000000000000	(Name of Res	ulting Florida Lir	nited Con	npany)	_
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compa	ation, an ny" in a	d fees are submitted to coordance with s. 605.1	convert an "Other 1045, F.S.
Please return all corre	espondence concerning	g this matter to	:		
NORMA C. WHEELER					
	(Contact Person)	-			
WEB.COM GROUP, IN	C.			٠.	
	(Firm/Company)				超黑力
12808 GRAN BAY PAR	KWAY WEST				一難らア
	(Address)		-		1997 9 F
JACKSONVILLE, FL 3.	2258				FILL AN 2:03
	City, State and Zip Code)				35. 0
nwheeler@web.com					35
E-mail Address: (to b	oc used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please cal	l :		
NORMA WHEELER		at (⁹⁰⁴	251-0	3558	
(Name of Conta	act Person)		de) (Day	ytime Telephone Number)	_
	for the following amou a bank located in the	United States)		sed by this office must	be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAI	LING A	ADDRESS:	
New Filing Section		New	Filing S	Section	
Division of Corporat	ions	Divis	sion of C	Corporations	
Clifton Building		P. O.	Box 63	27	
2661 Executive Cent	ter Circle	Talla	hassee.	FL 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BLISTERNET, INCORPORATED ————————————————————————————————————
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. entity, the name of the country]
6/6/2004 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BLISTERNET, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 3RD day of DECEMBER	2018 .	
Signature of Authorized Representative of L	imited Liability Company:	
Signature of Authorized Representative: Printed Name: MATTHEW P. MCCLURE	Www.Mlln	
Printed Name: MATTHEW P. MCCLURE	Title: MANAGER	-
Signature(s) on behalf of Other Business Entit	y: See below for required signature(s)	
Signature: MawMy Un		
Printed Name: MATTHEW P. MCCLURE	Title: SECRETARY	<u>-</u>
Signature:		
Signature: Printed Name:	Title:	- -
Signature:Printed Name:		_
Printed Name:	Title:	-
Signature:		-
Printed Name:	I itle:	_
Signature:Printed Name:	Title:	-
Signature:Printed Name:	Title:	_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director.		
If Directors or Officers have not been selected, a	n Incorporator must sign.	
If Florida General Partnership or Limited Lia Signature of one General Partner.	ability Partnership:	
If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	bility Limited Partnership:	
All others: Signature of an authorized person.		18 DEC 19 SECRETARY FALLAHASS
<u> Pees:</u>		ASSE TARY
Articles of Conversion: Fees for Florida Articles of Organizatio Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AH 2: 03

ARTICLES OF ORGANIZATION FOR FLORID	A LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION	
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
BLISTERNET, LLC (Must contain the words "Limited Lisbility Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
The mailing address and street address of the	ailing Address:
Principal Office Address:	\$1min second
12808 GRAN BAY PARKWAY WEST SA	AME
TACKSONVILLE, FL 32236	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
business entity with an active Florida street address of the reg	
CORPORATION SERVICE COMP	PANT
1201 HAYS STREET Florida street address (P.O.)	Box NOT acceptable)
TALLAHASSEE	FL 32301 Zip
City	accept service of process for the above stated limited this certificate, I hereby accept the appointment as the certificate agree to comply with the provisions of all
Having been named as registered agent and the place designated in	accept service of process for the above stated in accept service of process for the appointment as this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and performance as provided for in Chapter 605, F.S
liability company as the liability company as	performance of my duties, and I am familiar with unit
statules relating to the proper and complete in	ity. I further agree to comply with the provision of ity. I further agree to comply with the provision of the performance of my duties, and I am familiar with and performance of my duties, and I am familiar with and performance of my duties, and I am familiar with and performance of my duties, and I am familiar with and performance of my duties.
Registered Agent's Sije	gnature (REQUIRED)
(CONT)	Assistant Vice President
	621 621 631 641

ARTICLE IV-

MATTHEW P. MCCLURE

The name and address of each person authorized to manage and control the Limited Liability Company:

AVID L. BROWN 808 GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258 ENNIFER LADA 808 GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258 ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258
SOS GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258 NNIFER LADA SOS GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258 ATTHEW P. MCCLURE SOS GRAN BAY PARKWAY WEST
SOS GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258 NNIFER LADA SOS GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258 ATTHEW P. MCCLURE SOS GRAN BAY PARKWAY WEST
NNIFER LADA 808 GRAN BAY PARKWAY WEST CKSONVILLE, FL 32258 ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST
ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST ACKSONVILLE, FL 32258 ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST
ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST ACKSONVILLE, FL 32258 ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST
ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST
ATTHEW P. MCCLURE SOS GRAN BAY PARKWAY WEST
ATTHEW P. MCCLURE 808 GRAN BAY PARKWAY WEST
808 GRAN BAY PARKWAY WEST
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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horized representative of a member tion 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)